HEALTH SECURITY CHECKLIST

Date of Visit	Name	Surname	ID Number	Telephone number	Reason for visit	Have you returned from travelling outside SA in the last 14 days?		If yes, where?	Have you been in contact with someone travelling outside SA in the last 14 days?		Are you experiencing any flu like symptoms? (sore throat, runny nose, fever, cough, difficulty breathing)?	
						Yes	No		Yes	No	Yes	No